

**STATE OF SOUTH CAROLINA**

**(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Grace Logistics and Movers, LLC

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET  
NUMBER:** 2020 - 243 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) **Submitted by:** The Paraclete Law Center, LLC

**Telephone:** 803-851-3275

**Address:** 1803 Hampton Street

**Fax:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Columbia, SC 29201

**Email:** kharimah\_paracletelaw@outlook.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

**RECEIVED**

OCT 09 2020

PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

294682

js

# THE PARACLETE LAW CENTER, LLC

## ATTORNEYS. ADVOCATES. COUNSELORS AT LAW.

"Far more than just transactional, we focus on building relationships"

1803 Hampton Street, Columbia South Carolina 29201  
Phone: (803) 851-3275

October 7, 2020

Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, SC 29201

Public Service Commission  
Clerk's Office  
101 Executive Center Drive, Suite 100  
Columbia, SC 29210

Re: Grace Logistics and Movers, LLC – Class E Certificate

To Whom It May Concern:

Enclosed for filing, please find the Application of Grace Logistics and Movers, LLC for a Class E Certificate of Public Convenience and Necessity to transport household goods in South Carolina and Grace Logistics and Movers, LLC proposed Bill of Lading.

I appreciate your assistance in this matter. Should you have any questions, please contact me.

With kind regards, I am



Kharimah R. Dessow

Enclosures (as stated)

Cc/enc:

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: \_\_\_\_\_

☒ E (HHG) - Household Goods

☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

☒ New Application

☐ Amended Scope of Authority

Current Scope:

(list counties) \_\_\_\_\_

Amended Scope:

(list counties) \_\_\_\_\_

1. \_\_\_\_\_  
Grace Logistics & Movers, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

2001 Cunningham Road Columbia, SC 29210

Street Address of Applicant

\_\_\_\_\_  
Mailing Address of Applicant (if different from street address)

803-331-3522

Phone

FAX

gracemovers1@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

## 3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Ventrell Jenkins 2001 Cunningham Road, Columbia, SC 29210

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4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

## 5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

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## 6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of revocations below.*

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	\$10,000	Loans Owed on Motor Vehicles	0
Cash on Hand	\$500	Business/Other Loans Owed	0
Cash in Bank	\$700	Other Liabilities or Debts	0
Value of Other Assets and Equipment	\$1,000	<b>Total Liabilities</b>	0
<b>Total Assets</b>	12,200		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

One man and a truck \$75  
 Two men and a truck \$90  
 Three men and a truck \$ 110  
 Each additional man \$40 per man per hour  
 Overnight storage \$ 100 per night per truck  
 5% upcharge on credit card payments

### COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)  
☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Ford	2003 E-350	1FDWE35F83HA75105	5000lbs.
Chevrolet	1996 CP3186	1GBKH31K8T3303490	5000lbs.

# INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Ventrell Jenkins

Name of Applicant

2001 Cunningham Rd. Columbia, SC 29210

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 10,698.00

Limits \$250,000/\$500,000/\$100,000

Cargo Insurance \$ 1,480.00

Limits 50,000

\* Attach Certificate of Insurance if available.

Progressive Commercial, Coverhound Ins SO NB

Name of Insurance Company

5655 Lindero Canyon Road, 420 Westlake, CA 91362

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).



**Exhibit Fit, Willing, and Able (FWA)**

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Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

*If "Yes", list judgements here:*

--

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Owner  
Title of Applicant (e.g. President, Owner, etc.)

**Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.**

\_\_\_\_\_  
Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

**Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.**

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

**Exempt Applicants** - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

I, Ventrell Jenkins, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

This 2<sup>nd</sup> SWORN TO BEFORE ME

day of October, 20  

Lamie S

Notary Public

Ventrell Jenkins  
Applicant's Signature

Commission Expires 09-14-2030

Print Application

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

**GRACE LOGISTICS & MOVERS, LLC,**  
a limited liability company duly organized under the laws of the State of South Carolina on May 1st, 2017, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 14th day  
of February, 2018.

  
Mark Hammond, Secretary of State

**BEFORE  
THE PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**In re:**

**Application of Grace Logistics and Movers, LLC  
for Class E Certificate to Transport Household  
Goods between points and places in South Carolina  
and for nunc pro tunc approval of authority to transport  
Shipments for the Department of Defense**

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Attachments to Application

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BEFORE  
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Attachments to Application

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PROPOSED TARIFF

Grace Movers \_\_\_\_\_ South Carolina Household Goods Tariffs

**REGULATIONS AND SCHEDULE OF CHARGES APPLICABLE TO CERTAIN INTRASTATE  
HOUSEHOLD GOODS MOVES WITHIN THE STATE OF SOUTH CAROLINA**

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2.2 Elevate or Stair Carry

2.3 Excessive Distance or Long Carry Charges

2.4 Pick Up and Delivery

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Grace Movers . . . . . South Carolina Household Goods Tariffs

**Applicability of Tariff**

This tariff contains the regulations and rates applicable to the provision of intrastate household goods moved by Grace Movers. The services are furnished between points and places in South Carolina.

**SECTION 1****1.0 Transportation Charges**

Transportation Charges include the hourly rates as listed below.

**1.1 Hourly Rates and Charges**

Moves will be conducted on a “straight time” basis, with a minimum hourly charge as set out below plus actual travel time. The clock starts at the appropriate hourly rate when the movers leave the Grace Movers office location and includes the moves estimate return time to the office location.

<b><u>Number of Movers</u></b>	<b><u>Hourly Rate</u></b>
Two Men and a Truck	\$90.00
Three Men and a Truck	\$120.00
Four Men and a Truck	\$140.00
Each Additional Man	\$20.00

**1.2 Office Hours/ Minimum Hourly Charges**

Grace Movers will operate Monday – Friday, 8:00 am – 6:00 pm and Saturday and Sunday from 8:00 am – 4:00 pm.

Monday- Friday	Two-Hour Minimum Charge
Saturday- Sunday	Three-Hour Minimum Charge
Recognized Federal Holidays	Three-Hour Minimum Charge

After the minimum hourly charge, the hourly rates are calculated in fifteen-minute increments. Any interim charge is rounded up to the next fifteen-minute increment. If customers cancel within 48 hours of their move, Grace Movers will charge the applicable

Grace Movers \_\_\_\_\_ South Carolina Household Goods Tariffs

minimum. Hourly rates are the same, seven days a week, 24 hours a day, in every season of the year. Customers are not charged an additional fee for overtime labor.

## **SECTION 2**

### **2.0 ADDITIONAL SERVICES**

The following charges shall be assessed in addition to the hourly rates quoted in Section 1 of this tariff, in connection with a move involving additional items:

#### **2.1 Bulky Article Charges (per item)**

- Floor Model Television (48" or above) — \$ 120
- Pool Tables- \$275
- Gun cabinet - \$ 90
- Steel Gun Cabinet (in excess of 400 lbs.) - \$ 150 ~
- Hot Tubs, Whirlpools — \$250
- Riding Lawnmowers- \$ 120
- Flat Screen Televisions (41" or above) \$70.00
- Freezers - \$ 90
- Golf Carts \$ 150

#### **2.2 Elevator or Stair Carry**

Grace Movers does not charge an additional fee for elevator or stair carry, except as specified in Section 2.1 above.

#### **2.3 Excessive Distance or Long Carry Charges**

Grace Movers does not charge an additional fee for carrying articles an excessive distance to or from the motor vehicle.

#### **2.4 Pick Up and Delivery**

Grace Movers does not charge an additional fee for making additional pick-ups or deliveries after the initial stop.

**2.5 Packing and Unpacking**

**2.5.1** Grace Movers does not charge an additional fee for packing and unpacking. The packing rate is the same as the hourly rate listed in Section 1; plus, the market price of packing materials, including sales tax on the materials.

**2.5.2** Grace Movers is not responsible for items packed by the customer. Boxes containing fragile or breakable items must be properly labeled. Grace Movers reserves the right to decline any moves consisting of extremely large or fragile items.

**2.6 Piano Charges**

Grace Movers will not move pianos.

**2.7 Articles, Special Servicing**

The rates and charges in this tariff do not include servicing or connection of appliances such as freezers, refrigerators, computer equipment, washers, dryers, televisions, and similar articles.

**2.8 Waiting Time**

The customer is charged the rates specified in Section 1 for all waiting time or delays which are not the fault of Grace Movers.

**SECTION 3****3.0 RULES AND REGULATIONS****3.1 Claims**

- 3.1.1 All claims for loss, damage or overcharge must be written and should be attached to the Bill of Lading.
- 3.1.2 Claimant must notify carrier of all claims for concealed damage within 30 days of the move. Grace Movers must be given reasonable opportunity to inspect damaged items.
- 3.1.3 Although our movers will be careful with your possessions, from time to time damages may occur. If damages are caused by our service, Grace Movers reserves the right to repair the damages in question. If we determine that damages cannot be repairs, we reserve the right to either replace or compensate (actual cash value) for the damage. If there is damage, notify Grace Movers immediately. They will complete a Damage Report before they leave your site. If you discover damage after the move, call the office within 90 days of your move. No damage claims will be honored until the charges for moving services are paid in full. You will be asked to sign a Release of Liability acknowledging this.

### **3.2 Computing Charges**

Grace Movers rate are computed by multiplying the applicable hourly rate by the time as provided in Section 1

### **3.3 Governing Publications**

Grace Movers rate and charges are governed by the terms and conditions of this tariff, and the Rules and Regulations of the South Carolina Public Service Commission.

### **3.4 Items of Particular Value**

Grace Movers does not assume any liability whatsoever for documents, currency, credit cards, jewelry, watches, precious stones or articles of extraordinary value including accounts, bills, deeds, evidences of debts, securities, notes, postage stamps, stamp collections, trading stamps, revenue stamps, letters or packets of letters, alcoholic beverages, firearms, coin collections, articles of peculiarly inherent of intrinsic value, precious metals or articles manufactured there from. Grace Movers will not accept responsibility for safe delivery of such articles if they come into Grace Movers possession with or without Grace Mover knowledge.

### **3.5 Bill of Lading, Contract Terms, and Conditions**

Each customer will be provided with a copy of Grace Movers Bill of Lading. The terms and conditions of the Bill of Lading, attached hereto, are hereby incorporated by reference.

### **3.6 Delays**

Grace Movers shall not be liable for any delay in transporting household goods resulting from an act of God or fault or neglect of any unforeseen entities.

Grace Movers shall apply the following promotions, in a uniform and nondiscriminatory fashion:

#### **4.1 Military/ Senior Citizens**

A promotional rate of normal hourly service charges for moving, packing and unpacking items listed below will be applied for customers who are active duty military, disabled veterans, and senior citizens that provide proper proof of same. Extra chargeable items will follow rates in Section 2. 2.1 Moves will be conducted on a “straight time” basis, with a minimum hourly charge as set out in Section 1.2 plus actual travel time. The clock starts at the appropriate hourly rate when the movers leave the Grace Movers office location, and the movers estimate return time to the office location. The hourly rates and charges are indicated below:

<u>Number of Movers</u>	<u>Hourly Rate</u>
Two Men and a Truck	\$85.50
Three Men and a Truck	\$114.00
Four Men and a Truck	\$133.00
Each Additional Man	\$19.00 per man/per hour

**BEFORE  
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**In re:**

**Application of Grace Logistics and Movers, LLC  
for Class E Certificate to Transport Household  
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Attachments to Application

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**BALANCE SHEET**



# Grace Logistics & Movers LLC

Totals		
Income		
Sales	51.15	0.1 %
Services	77,323.75	99.9 %
Total Income	77,374.90	100.0 %
Expenses		
Advertising	1,464.69	1.9 %
Bank Charges	210.00	0.3 %
Car and Truck	1,837.55	2.4 %
Commissions and Fees	1,177.59	1.5 %
Contract Labor	21,192.99	27.4 %
Legal & Professional Fees	1,398.00	1.8 %
Meals and Entertainment	1,506.04	1.9 %
Miscellaneous	4,615.80	6.0 %
Office Supplies - Expense	328.87	0.4 %
Repair and Maintenance	3,076.70	4.0 %
Supplies and Materials	784.97	1.0 %
Taxes and Licenses	1,503.59	1.9 %
Travel	1,058.02	1.4 %
Travel Meals	105.79	0.1 %
Utilities	1,384.49	1.8 %
Total Expenses	41,645.09	53.8 %
Profit/Loss before Other Income/Expense	35,729.81	
Other Income & Expenses	0.00	
Net Profit/Loss	35,729.81	

**BEFORE  
THE PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**In re:**

**Application of Grace Logistics and Movers, LLC  
for Class E Certificate to Transport Household  
Goods between points and places in South Carolina  
and for nunc pro tunc approval of authority to transport  
Shipments for the Department of Defense**

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Attachments to Application

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**INSURANCE**

AFFORDABLE INS  
3604 FERNANDINA RD  
COLUMBIA, SC 29210



Underwritten by:  
Progressive Northern Insurance Co  
September 4, 2020  
Policy Period: Sep 4, 2020 - Sep 4, 2021  
Page 1 of 1

GRACE LOGISTICS AND  
MOVERS LLC  
2001 CUNNINGHAM RD  
COLUMBIA, SC 29210

Dear GRACE LOGISTICS AND,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year.

**Enclosed you will find:**

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.
- Request for additional information.

**Required initial payment for the policy**

Based on the payment options we discussed, a minimum initial payment is required. Coverage does not begin until your minimum initial payment, signed application and signed policy documents have been received in my office. To save money, ask about a paid in full discount. Or, save time and money by using Electronic Funds Transfer to make your payments.

If you have any questions, please call me at 1-803-798-5754.

Form WELCOMELTR (05/06)

Policyholders:

GRACE LOGISTICS AND

MOVERS LLC

September 4, 2020

Policy period: Sep 4, 2020 - Sep 4, 2021

Page 1 of 1

## Provide the following information

Please review the items listed below and **return the requested information to my office** as soon as possible. Your quoted insurance premium is based on the information you provided on the application. If we do not receive the items requested, your quoted insurance premium may change. Coverage does not begin until the application and applicable policy documents have been signed and received in my office, and the minimum initial payment has been submitted.

### Sign and return

- ☐ Your application
- ☐ Signed Offer of additional uninsured motorist coverage and optional underinsured motorist coverage

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

### Provide a copy of

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For Proof of Current Insurance please submit:
  - Auto Liability Limits
  - Named Insured
  - Inception and Expiration Dates
  - Prior Policy Number

**Return to:** AFFORDABLE INS  
3604 FERNANDINA RD  
COLUMBIA, SC 29210

**Fax:** 1-803-798-4143

Form CHKLST SC (05/08)

# Application for Insurance

Please review, sign where indicated, and return

**PROGRESSIVE**  
COMMERCIAL

Named Insureds: GRACE LOGISTICS AND  
MOVERS LLC

September 4, 2020  
Page 1 of 5

## Policy and premium information

Insurance company: Progressive Northern Insurance Co  
P.O. BOX 94739  
Cleveland, OH 44101

Agent: AFFORDABLE INS  
3604 FERNANDINA RD  
COLUMBIA, SC 29210  
79224  
1-803-798-5754

Named Insureds: GRACE LOGISTICS AND  
MOVERS LLC  
  
2001 CUNNINGHAM RD  
COLUMBIA, SC 29210  
e-mail address: JENKINSVENTRELL@GMAIL.COM  
Phone Number: 1-803-331-3522

Financial responsibility vendor: EXPERIAN  
1-888-397-3742

Your policy will be effective when your required initial payment is received by your agent or at a later date of your choice.

Total policy premium: \$11,907.00

Initial payment required: \$2,028.23

Payment plan: 11 payments

**THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**

## Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

Name	Date of birth	Marital status	Driver's license number	Additional	CDL	Original year CDL issued
VENTRELL JENKINS					No	

## Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description

Date

Source/Consumer reporting agency

Continued

VENTRELL JENKINS		
At Fault Accident	07/31/2018	CLUE/LexisNexis, MVR/LexisNexis
VENTRELL JENKINS		
Other Minor Moving Violation	07/31/2018	MVR/LexisNexis
VENTRELL JENKINS		
Speeding	12/10/2019	MVR/LexisNexis
VENTRELL JENKINS		
Speeding	02/20/2020	MVR/LexisNexis

**Outline of coverage****Auto coverage part**

Description	Limits	Deductible	Premium
Liability To Others			\$10,006
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist			188
Bodily Injury	\$750,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			162
Bodily Injury	\$750,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	

**Subtotal policy premium**

Electronically Signed 2020-08-18 14:53:50 UTC - 174 184 13 43

**Ventrell Jenkins**

AssuredSign® 7a68225e-6686-4756-6405-a0500a0a30f

**\$10,356****Motor Truck Cargo coverage part**

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$50,000	\$1,000	\$1,499
<b>Subtotal policy premium</b>			<b>\$1,499</b>
PUC Filing Fee			25
South Carolina Uninsured Motorist Fund charge			2
State Cargo (Form H) Filing Fee			25
<b>Total 12 month policy premium and fees</b>			<b>\$11,907</b>

**Rated commodities**

- Household Goods (Mover)
- Office Equipment
- Business Documents/Non-Negotiable Securities
- Mobile/Modular Homes

**Auto coverage schedule**1. **2000 GMC 6H4**VIN: **1GDG6H1B4YJ905550** Garaging Zip Code: 29210 Territory: 2 Radius: 200 miles

Personal use: N Body type: Straight Truck Use class: H

Liability Premium	Liability	UM	UIM	UM PD	UIM PD	Auto Total
	\$10006	\$127	\$149	\$61	\$13	<b>\$10,356</b>

**Vehicle questions**

NONE

**Financial responsibility information**

Name ..... Home address .....  
 VENTRELL JENKINS ..... 2001 CUNNINGHAM RD .....  
 ..... COLUMBIA, SC 29210-0000 .....

Is VENTRELL JENKINS involved in the daily operation of the business? Yes

**Business information**

Business type ..... Sub business type ..... Other .....  
 Trucking For-Hire ..... Household Movers .....  
 Applicant .....  
 Corporation or LLC .....

Does the insured own the property / goods being hauled? No

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

**Additional policy questions**

1. Year the current business was established: 2019
2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither
3. Premise type your tow business operates from: Unknown

**Prior insurance questions**

.....  
 Prior insurance: Yes .....  
 Policy number: .....  
 Effective dates of coverage: Jan 1, 2020 to Jan 1, 2021 .....  
 Has applicant had continuous coverage for at least one year? Yes .....  
 Bodily injury limits: State Min .....

**Underwriting questions**

- Does the applicant require any Waivers of Subrogation? No If yes, how many? 0
- How many Additional Insureds are required? 0
- Do we insure all commercial vehicles the insured owns? Yes
- Do we insure all vehicles that the insured uses in their business? Yes
- Does applicant require a State Filing? Yes How many? 1
- Does applicant require a State Cargo (Form H) Filing? Yes How many? 1

## Application agreement

### Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

### Notice of information practices

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

### The insured affirms that

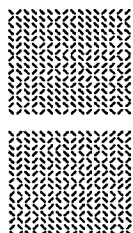
If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the cancellation of this policy within its first 90 days.

### Other charges

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.





The insured understands that a service charge of \$15.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

The insured agrees to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

**Signature of first named insured or  
Authorized signatory of the named insured entity**

**Date**

X

Electronically Signed

2020-09-16 14:54:13 UTC - 174 164 13 43

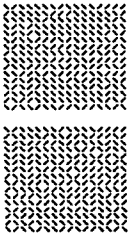
9/16/2020

*Ventrell Jenkins*

AssuredSign

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Form Z421 SC (05/15)



**Important Notice**

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Form A107 (03/13)

## **Offer of additional uninsured motorist coverage and optional underinsured motorist coverage**

### **I. Explanation of coverages**

Automobile liability insurance coverage pays other motor vehicle drivers and their passengers for damages caused by you and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. Bodily injury coverage pays for bodily injuries to others inflicted by your motor vehicle. Property damage coverage pays for damages which your motor vehicle causes to other motor vehicles or property.

Under South Carolina law, an insurance company may refuse to write your automobile liability insurance for a number of reasons. If an insurance company decides to write your automobile liability insurance coverage, however, it must provide at least \$25,000 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide at least \$25,000 in property damage coverage for each accident you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25-50-25. These limits are commonly-known as minimum limits. In order to drive your automobile upon the roads of this State, you must have at least these minimum limits of insurance, unless you post a satisfactory bond or pay a \$550 fee to drive uninsured. There is no requirement that an insurance company offer higher than minimum limits of automobile liability insurance coverage. If your insurance company does offer more than the minimum limits, you will be required to pay an additional premium for those increased limits of protection.

An insurer that writes your automobile liability insurance coverage must also offer two additional coverages which will protect you in the event you are damaged in an automobile accident by an at-fault driver who either has no automobile insurance or whose automobile insurance liability limits are less than your damages in that accident. These coverages are termed additional uninsured motorist coverage and optional underinsured motorist coverage, respectively. You may also see them referred to as UM and/or UIM. If you decide to purchase either of these coverages, you will be required to pay an additional premium for each of these coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically provides uninsured motorist coverage of \$25,000/\$50,000/\$25,000. There is a \$200 deductible for property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you have purchased. The limits of additional uninsured motorist coverage which your insurance company is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those increased limits. You may not purchase uninsured motorist coverage with limits in excess of your liability limits.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but which is insufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy, and your insurance company is required to offer, optional underinsured motorist coverage in various limits up to the limits of liability coverage you have purchased. The limits of optional underinsured motorist coverage which your insurer is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those limits. You may not purchase underinsured motorist coverage with limits in excess of your liability limits.

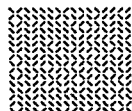
If you reject optional underinsured or additional uninsured motorist coverages shown on this form and if you are involved in an automobile accident that is not your fault, this form may be used by your insurance company as evidence against you if you make a claim for additional uninsured motorist coverage or optional underinsured motorist coverage.

If you do not complete this Form and return it to your insurance company or insurance agent within 30 days, your insurance company is required by law to add additional uninsured motorist coverage and optional underinsured motorist coverage, in the same limits as your automobile liability insurance, to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages and your policy may be canceled for non-payment of that additional premium.

In the future, if you wish to increase or to decrease your limits of additional uninsured motorist coverage or optional underinsured motorist coverage, you must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or insurance company upon the renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, you may contact the Department of Insurance at:

Office of Consumer Services  
South Carolina Department of Insurance  
1201 Main Street, Suite 1000, Columbia, SC 29201  
Post Office Box 100105 Columbia, South Carolina 29202-3105  
(803) 737-6180  
(800) 768-3467 E-Mail Address: [consumers@doi.sc.gov](mailto:consumers@doi.sc.gov)



**IV. Applicant's acknowledgment**

By my signature, I acknowledge that I have read -- or I have had read to me -- the above explanations and offers of additional uninsured motorist coverage and optional underinsured motorist coverage. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and optional underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and the laws of the State of South Carolina.

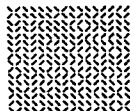
My signature below further acknowledges that I understand the coverages as they have been explained to me, and the type and amounts of coverage marked on the preceding pages have been selected by me. This is the type and amount of insurance coverage I wish to purchase.

Type or Print Your Name: GRACE LOGISTICS AND  
Your Address: 2001 CUNNINGHAM RD  
COLUMBIA, SC 29210

**Your Signature**Electronically Signed 2020-10-16 14:56:21 UTC 174.104.13.43**Today's Date****X****vi**811c075-a601-4276-8260-ae3800eac553

9/16/2020

Form 2006 SC (05/15)



### III. Offer of underinsured motorist coverage

Limits of Coverage	Amounts of Increased Premium
\$25,000/\$50,000/\$25,000	\$61.00
\$100,000 Combined Single Limit (each accident)	\$78.00
\$300,000 Combined Single Limit (each accident)	\$102.00
\$500,000 Combined Single Limit (each accident)	\$131.00
\$750,000 Combined Single Limit (each accident)	\$162.00

To obtain the underinsured motorist premium amounts for adding or removing vehicles, please contact us.

Do you wish to purchase underinsured motorist coverage?

Yes ☒ No ☐

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If your answer is "no," then you must sign here.

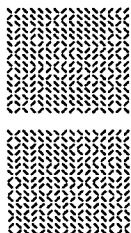
#### Your Signature

X .....

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ split limits; or

I select \_\_\_\_\_ Combined Single Limit



## II. Offer of additional uninsured motorist coverage

Limits of Coverage

\$25,000/\$50,000/\$25,000

Amounts of Increased Premium

Minimum limits of uninsured motorist coverage are automatically provided by your insurance policy.

\$100,000 Combined Single Limit (each accident)

\$84.00

\$300,000 Combined Single Limit (each accident)

\$106.00

\$500,000 Combined Single Limit (each accident)

\$130.00

\$750,000 Combined Single Limit (each accident)

\$188.00

To obtain the uninsured motorist premium amounts for adding or removing vehicles, please contact us.

Do you wish to purchase additional uninsured motorist coverage?

Yes

No

If your answer is "no," then you must sign here.

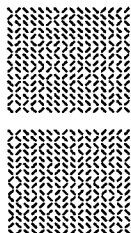
**Your Signature**

X

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ split limits; or

I select \_\_\_\_\_ Combined Single Limit



Policyholders:

GRACE LOGISTICS AND

MOVERS LLC

September 4, 2020

Policy period: Sep 4, 2020 - Sep 4, 2021

Page 1 of 1

## Payment schedule

Due date	Amount	Due date	Amount	Due date	Amount
Oct 4, 2020 .....	\$999.88	Feb 4, 2021 .....	\$999.88	Jun 4, 2021 .....	\$999.88
Nov 4, 2020 .....	\$999.88	Mar 4, 2021 .....	\$999.88	Jul 4, 2021 .....	\$999.85
Dec 4, 2020 .....	\$999.88	Apr 4, 2021 .....	\$999.88		
Jan 4, 2021 .....	\$999.88	May 4, 2021 .....	\$999.88		

Total Premium: \$11,907.00

Payment Option: 11 payments

An installment fee of \$12.00 has been included in each payment. You may avoid paying installment fees by paying your premium in full. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments.

The due dates and amounts may change subject to policy purchase date.

Form Z159 (05/06)



Agent Name:  
Agent Fax Number: 1-803-798-4143  
Agent Code: 79224

Policyholders:  
GRACE LOGISTICS AND  
MOVERS LLC

## Fax this information to Progressive to complete the sale of insurance

The items listed below are required to complete the sale of insurance for the policyholders listed above. After you have faxed these items, they must be kept in your files, along with the signed application and any other signed forms.

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For Proof of Current Insurance please submit:
- Auto Liability Limits
  - Named Insured
  - Inception and Expiration Dates
  - Prior Policy Number

**Fax to:**

1-803-798-4143

Form Fax CVR (05/08)

GRACE LOGISTICS AND  
MOVERS LLC  
2001 CUNNINGHAM RD  
COLUMBIA, SC 29210

Underwritten by:  
Progressive Northern Insurance Co  
September 4, 2020  
Policy Period: Sep 4, 2020 - Sep 4, 2021  
Page 1 of 2

Customer Phone number: 1-803-331-3522

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website.

### Policy information

Business type: Trucking For-Hire  
Sub business type: Household Movers

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$11,907.00
Paid in full discount	-1726.00
Policy premium if paid in full	\$10,181.00

### Payment plans

Payment Method: 11 payments

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$11,907.00	\$2,028.23	10 payments of \$992.88
10 Payments, 20.0% Down	\$11,907.00	\$2,423.00	9 payments of \$1,058.78
6 Pay, Seasonal, 20.0% Down	\$11,907.00	\$2,423.00	5 payments of \$1,901.80
10 Payments, 25.0% Down	\$11,907.00	\$3,015.75	9 payments of \$992.92
4 Pay, Seasonal, 25.0% Down	\$11,907.00	\$3,015.75	3 payments of \$2,968.75

**Make payments by mail** or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$11,907.00	\$2,028.23	10 payments of \$999.88
10 Payments, 20.0% Down	\$11,907.00	\$2,423.00	9 payments of \$1,065.78
6 Pay, Seasonal, 20.0% Down	\$11,907.00	\$2,423.00	5 payments of \$1,908.80
10 Payments, 25.0% Down	\$11,907.00	\$3,015.75	9 payments of \$999.92
4 Pay, Seasonal, 25.0% Down	\$11,907.00	\$3,015.75	3 payments of \$2,975.75
4 Pay, Quarterly, 25.0% Down	\$11,907.00	\$3,015.75	3 payments of \$2,975.75
1 Payment	\$10,181.00	\$10,181.00	None
2 Payments, 50.0% Down	\$11,907.00	\$5,979.50	1 payment of \$5,939.50

## To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-803-798-5754**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

## Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital	Additional information
VENTRELL JENKINS			

## Outline of coverage

### Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$10,006
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist			188
Bodily Injury	\$750,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			162
Bodily Injury	\$750,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
<b>Subtotal policy premium</b>			<b>\$10,356</b>

### Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$50,000	\$1,000	\$1,499
<b>Subtotal policy premium</b>			<b>\$1,499</b>
PUC Filing Fee			25
South Carolina Uninsured Motorist Fund charge			2
State Cargo (Form H) Filing Fee			25
<b>Total 12 month policy premium and fees</b>			<b>\$11,907</b>

## Rated commodities

- Household Goods (Mover)
- Office Equipment
- Business Documents/Non-Negotiable Securities
- Mobile/Modular Homes

## Auto coverage schedule

- 2000 GMC 6H4**  
VIN: **1GDG6H1B4YJ905550** Garaging Zip Code: 29210 Territory: 2 Radius: 200 miles  
Personal use: N Body type: Straight Truck Use class: H

Liability Premium	Liability	UM	UIM	UM PD	UIM PD	Auto Total
	\$10006	\$127	\$149	\$61	\$13	<b>\$10,356</b>

**BEFORE  
THE PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**In re:**

**Application of Grace Logistics and Movers, LLC  
for Class E Certificate to Transport Household  
Goods between points and places in South Carolina  
and for nunc pro tunc approval of authority to transport  
Shipments for the Department of Defense**

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)  
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Attachments to Application

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**Bill of Lading**



GRACE MOVERS  
(803)6389233  
2001 CUNNINGHAM RD.  
COLUMBIA, SOUTH CAROLINA  
IN CASE OF NEED CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

EXHIBIT :  
DOCKET NO.  
ORDER NO.  
DATE

SHIPPER NAME		TEL.
ADDRESS		FLOOR
ELEVATOR?	CITY AND STATE	
NOTIFICATION OF WEIGHT & CHARGES SHIPPER REQUESTS NOTIFICATION OF ACTUAL WEIGHT <input type="checkbox"/> RECEIVED SUBJECT TO & CHARGES TO PARTY SHOWN BELOW		
NOTIFY		TEL.
ADDRESS		GENERAL CONDITIONS.

CO-SIGNED TO		TEL.
ADDRESS		FLOOR ELEVATOR?
CITY		STATE
PREFERRED DELIVERY DATE(S) OR PERIOD OF TIME		

RATES, RULES, AND REGULATIONS IN  
TARIFF SEC.

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR  
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES  
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK  
WILL NOT BE ACCEPTED.

WEIGHT AND SERVICES  
EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ SPACE RES. CU. FT. ☐ EXCL. USE OF VEH. CU. FT.

INVOICING  
GOV'T B/I. NO  
BILL CHARGES TO

THIS SHIPMENT WILL MOVE SUBJECT TO THE RULES AND CONDITIONS OF THE CARRIER  
& TARIFF. ALL TERMS PRINTED OR STAMPED HEREON OR ON THE REVERSE SIDE HEREOF.  
SHIPPER HEREBY RELEASES THE ENTIRE SHIPMENT TO A VALUE NOT EXCEEDING  
THE CARRIER'S LIABILITY FOR LOSS AND DAMAGE WILL BE .60 PER LB. PER ARTICLE UNLESS  
A GREATER AMOUNT IS SPECIFIED BY THE SHIPPER.

SIGNED  
SHIPPER DATE

TIME RECORD  
START AM/PM CUSTOMERS INITIALS  
FINISH AM/PM CUSTOMERS INITIALS

CUSTOMERS INITIALS  
JOB HOURS  
TRAVEL TIME  
TOTAL HOURS

GROSS	TARF	NET	RATE	CHARGES
TRANSPORTATION <u>_____</u> MILES				
ADD'L LIAB. CHG. (PER SHIPMENT CHARGE)				
ADD'L TRANS. (SURCHARGE) <u>_____</u> ORIG DEST				
EXTRA PICKUPS OR DELIVERIES: NO <u>_____</u> BY				
AT				
EXCESSIVE CARRY <u>_____</u> ELEVATOR <u>_____</u> STAIRS				
PIANO HANDLING: OUT <u>_____</u> IN <u>_____</u> HOIST				
ADD'L LABOR <u>_____</u> MEN FOR <u>_____</u> MAN HOURS				
WAREHOUSE HANDLING				
TRANSIT STORAGE: FROM <u>_____</u> TO <u>_____</u>				
S.I.T. VALUATION CHARGE				
APPLIANCE SERVICES <u>_____</u> ORIGIN DUE <u>_____</u> DEST. DUE <u>_____</u>				
OTHER CHARGES				
CARTAGE: TO WHSE. FROM WHSE. ORIG. DEST. MI <u>_____</u> QUANTITY <u>_____</u>				
BARRELS				
CARTONS <u>_____</u>				
CARTONS <u>_____</u>				
CARTONS <u>_____</u>				
CARTONS <u>_____</u>				
CRIB MATTRESS				
WARDROBES (USE OF)				
MATTRESS CARTON NOT EXCEEDING 39X75				
MATTRESS CARTON NOT EXCEEDING 54X75				
MATTRESS CARTON EXCEEDING 54X75				
CRATES				
MIRROR CARTONS				
TOTAL PACKING				
TOTAL CHARGES CHGE. PPD. C.O.D. G.R.L.				
PREPAYMENT COLLECTED BY				
BALANCE DUE COLLECTED BY				

☐ CASH ☐ C.O.D. ☐ G.R.L. ☐ CREDIT CARD

DATE \_\_\_\_\_ TIME \_\_\_\_\_ BY \_\_\_\_\_

CUSTOMERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TRANSPORTATION SERVICES HOURLY CHARGE  
STRAIGHT TIME

VANS MEN HOURS AT \$ PER HR.

OVERTIME SERVICES

VANS MEN HOURS AT \$ PER HR.

OTHER CHARGES \_\_\_\_\_ PACKING \_\_\_\_\_ INSURANCE \_\_\_\_\_  
TOTAL \_\_\_\_\_ DATE DELIVERED \_\_\_\_\_ DRIVER \_\_\_\_\_

ACCEPTED FOR PROCESSING - 2020 October 9 2:06 PM - SCPS-C - 2020-243-T - Page 45 of 45